

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]



March 13, 2024

Dear FNAME LNAME:

This package contains an important survey from Medicare about your experiences with your Medicare drug plan. **We'd greatly appreciate you taking the time to answer and return this survey.** Your feedback will improve Medicare services and help others like you choose a drug plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. You can learn more and see plan ratings online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

Your voice matters. The survey takes just a few minutes. Please return the survey in the enclosed pre-paid envelope. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].